



## GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

### Division of Conditioned Air Contractors

237 Coliseum Drive, Macon, GA 31217

478-207-2440

[www.sos.ga.gov/index.php/licensing/plb/15](http://www.sos.ga.gov/index.php/licensing/plb/15)

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## CONDITIONED AIR CONTRACTORS REINSTATEMENT APPLICATION FOR LICENSE LAPSED LESS THAN THREE (3) YEARS

### ••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

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#### SECTION 1: PERSONAL INFORMATION

Please be sure to complete all information including your preferred email address for communication with Board staff.

The reinstatement application and fee must be received in the Board office within 3 years of the license expiration date. You may verify the expiration date online at <http://verify.sos.ga.gov/Verification>

To reinstate a license more than 3 years after the expiration date, an Application for Reinstatement by Re-examination must be submitted.

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#### SECTION 2: QUALIFYING LICENSEE REGISTRATION

All applicants must indicate if they will serve as a qualifying licensee for a conditioned air company. Every company engaging in the business of conditioned air contracting in Georgia must have a qualifying licensee regularly connected with the business and actually engaged in the performance of such business. Please review O.C.G.A. §43-14-8(h)-(j) and Board Rule 121-6-.01.

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#### SECTION 3: CONTINUING EDUCATION

To reinstate your license, you must have completed 4 hours of continuing education for each year since the last renewal of the license. If a license has not been renewed or reinstated since the issuance of the license, you must have completed 4 hours of continuing education for each year since the initial issuance of the license. Continuing education must be related to Conditioned Air Contracting and conducted by a college, technical college, or trade association.

Submit continuing education documentation as follows:

Lapse less than one (1) year:	8 hours
Lapse less than two (2) years:	12 hours
Lapse less than three (3) years:	16 hours

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#### SECTION 4: PERSONAL HISTORY

All questions must be answered. **All applicants should submit a background check with application.** This can be obtained by going to your local law enforcement office or through a private background check agency. If you answer "yes" on the conviction question, you must submit the requested **certified** documentation.

All applicants must also submit a copy of their EPA card showing Type II or higher certification.

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#### SECTION 5: APPLICANT AFFIDAVIT

*Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.*

**All applicants are required** to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other document OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. See O.C.G.A. § 50-36-2.

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### **LAW AND RULES**

Read the law and rules thoroughly before completing the application. See the complete law and rules on the website: [www.sos.ga.gov/index.php/licensing/plb/15](http://www.sos.ga.gov/index.php/licensing/plb/15). You are responsible for knowing the laws and rules for your profession.

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### **APPLICATION STATUS**

To check the status of your application, visit [www.sos.ga.gov/index.php/licensing/plb/15](http://www.sos.ga.gov/index.php/licensing/plb/15). Click on the tab, ONLINE SERVICES, then select APPLICATION STATUS.

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### **KEEP A COPY OF YOUR APPLICATION MATERIALS.**

All original materials will be retained by our office and will not be returned to you.

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### **FEES**

A **\$150.00 non-refundable application fee** by check or money order payable to Georgia Construction Industry Licensing Board must be included with this application. MAIL APPLICATION TO THE BOARD IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.

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LICENSING BOARD  
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478-207-2440  
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Date Entered \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Submitted \$ \_\_\_\_\_  
Date Issued \_\_\_\_\_

## APPLICATION FOR CONDITIONED AIR CONTRACTOR REINSTATEMENT

FOR LICENSE LAPSED LESS THAN THREE (3) YEARS

**Application Fee \$150.00 (non-refundable)**

Applications are valid for one (1) year from date of receipt.

**License Type:** ☐ Class 1 Restricted #CR \_\_\_\_\_ expired: \_\_\_\_\_  
☐ Class 2 Non Restricted #CN \_\_\_\_\_ expired: \_\_\_\_\_

**Method Obtained by:** ☒ REINSTATEMENT **Use separate application for exam or reciprocity.**

### SECTION 1: PERSONAL INFORMATION

1. Legal Name to Appear on License: \_\_\_\_\_  
FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
M M D D Y Y Y Y

4. Physical Address: \_\_\_\_\_  
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET APT#

CITY STATE ZIP

5. Mailing Address: \_\_\_\_\_  
(if different) NUMBER AND STREET OR P.O. BOX APT#

CITY STATE ZIP

6. Daytime Phone#: \_\_\_\_\_ Business or Cell Phone#: \_\_\_\_\_

7. Email Address: \_\_\_\_\_

**SECTION 2: QUALIFYING LICENSEE REGISTRATION**

Applicant Name:

Every company engaging in the business of conditioned air contracting in Georgia must have a qualifying licensee regularly connected with the business and actually engaged in the performance of such business on a full-time basis. Please indicate below if you will serve as a qualifying licensee for a company:

☐ I am **NOT** serving as a qualifying licensee for a conditioned air company.

**OR**

☐ I am serving as a qualifying licensee for a conditioned air company.

Please indicate below if the company you are qualifying is a sole proprietorship, corporation, or partnership.

I further understand that by serving as the qualifying licensee for a business entity that I am subject to the terms and conditions of O.C.G.A. §43-14-8(h)-(j) and Board Rule 121-6-.01.

☐ **SOLE PROPRIETORSHIP**

Company Name:

Physical Address:  
(not a PO Box)

Mailing Address:  
(if different)

City, State, Zip:

City, State, Zip:

☐ **LIMITED LIABILITY COMPANY OR CORPORATION**

Company Name:

Physical Address:  
(not a PO Box)

Mailing Address:  
(if different)

City, State, Zip:

City, State, Zip:

☐ **PARTNERSHIP OR LIMITED LIABILITY PARTNERSHIP**

Company Name:

Physical Address:  
(not a PO Box)

Mailing Address:  
(if different)

City, State, Zip:

City, State, Zip:

**SECTION 3: CONTINUING EDUCATION**

Applicant Name: \_\_\_\_\_

Submit continuing education documentation as follows: Lapse less than one (1) year: 8 hours  
 Lapse less than two (2) years: 12 hours  
 Lapse less than three (3) years: 16 hours

Institute, Organization, or Agency Conducting Program	Title of Course	Date(s) Attended	Hours Completed
TOTAL HOURS COMPLETED			

**SECTION 4: PERSONAL HISTORY**

☐ YES ☐ NO 1. Have you completed the required EPA training (Type II or higher)? **If YES**, attach a copy of EPA card.

☐ YES ☐ NO 2. Have you ever held a Conditioned Air Contractors' license?  
**If you answered YES**, list the type of license, license number, and name of State Board or Agency:

\_\_\_\_\_

☐ YES ☐ NO 3. Has any licensing board or agency in Georgia or any other state ever: a) Denied your issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?

**If you answered YES**, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents. Name of State Board or Agency:

\_\_\_\_\_

☐ YES ☐ NO 4. Have you attached a copy of your criminal background check?

☐ YES ☐ NO 5. Have you ever been arrested, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)

**If you answered YES**, you must submit the following:

a) Submit a letter of explanation for each offence and **certified** copy of final court disposition from the county(s) in which you were arrested/convicted. Each court document should include the charges and sentencing information.

b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed, submit **certified** documents from the courts verifying case closed and completion of probation / parole.

**SECTION 5: APPLICANT AFFIDAVIT**

Applicant Name: \_\_\_\_\_

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (**CHECK ONE**):

1. \_\_\_\_\_ I am a United States citizen.

**Submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**

2. \_\_\_\_\_ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC My Commission Expires:

**O.C.G.A. §45-17-6 requires legible seals for notarized documents.**  
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

**NOTARY SEAL**